



PATENT
CASE NO. 21468YP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re application of: MICHAEL J. CAULFIELD, ET AL.
Serial No. 10/566,088
Filed January 26, 2006
Group Art Unit 1645
Examiner Devi, Sarvamangala JN
For: ANTHRAX VACCINE

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* <u>9</u>	-	** <u>13</u> =	<u>0</u> X	\$50	= <u>0.00</u>
Independent Claims	* <u>4</u>	-	*** <u>6</u> =	<u>0</u> X	\$210	= <u>0.00</u>
Multiple Dependent Claims					\$370 ****	= <u> </u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT →						0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

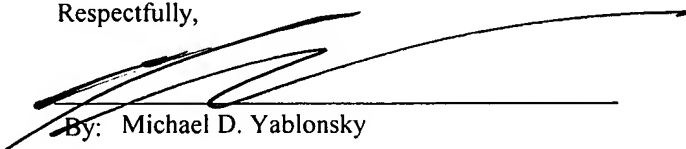
** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

Respectfully,


By: Michael D. Yablonsky

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Date: May 13, 2008

IN DUPLICATE